



Town of Vernon Assessor's Office

8 Park Place, Vernon, CT 06066
Tel: (860) 870-3625
Fax: (860) 870-3586
E-mail: dwheeler@vernon-ct.gov

Mixed-use Property

(Retail Including Restaurants, Office and/or Residential)

Income and Expense Survey for Calendar Year 2019

Information provided is CONFIDENTIAL, in accordance with Connecticut Law.

Please submit prior to June 1st, 2020 to avoid a 10% Assessment Penalty

Property Name: _____
Property Address: _____
Form Preparer/Position: _____
Telephone Number: _____

General Data

Net Rentable Office Area _____ square feet
Net Rentable Retail Area _____ square feet
Net Rentable Other Area _____ square feet
Total Net Rentable Area _____ square feet
Parking Available _____ (number of spaces)

Check all the categories below which fit your property's use:

☐ Retail ☐ Residential ☐ Other: _____
☐ Office ☐ Restaurant

How many tenants hold space in the following areas:

Office area: _____ Retail area: _____ Other area: _____

Potential Annual Gross Income

Office	\$ _____
Retail	\$ _____
Other	\$ _____
Parking Income	\$ _____
Miscellaneous Income	\$ _____
Gross Retail Income (Total)	\$ _____
Vacancy & Collection Loss (annualized)	\$ _____
Effective Gross Income	\$ _____



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(Mixed-use Property Cont'd.)

Annual Operating Expenses

		Paid by Landlord	Pass-through to Tenants
Fixed Expenses			
Real Estate Taxes	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Personal Property Taxes	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Building Insurance	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Variable Expenses			
Cleaning ¹	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Repairs and maintenance	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Roads/Grounds/Security ²	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Utilities ³	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Administrative ⁴	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Leasing Expense			
Advertising/Promotional	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Commissions	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Professional Fees	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Tenant Alterations	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Tenant Buy-outs	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Tenant Leasing Costs	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Total Operating Expenses	\$ _____		
Net Operating Income	\$ _____		

Please include copies of your year-end Income Summary, rent roll & typical lease, and attach comments or other information on a separate page.

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- 1 Includes payroll and related expenses, contrac services, supplies and trash removal.
 - 2 Payroll and related expenses, contract service, other roads and grounds expenses.
 - 3 Electriciy, gas, fuel oil, water and sewer.
 - 4 Payroll and related expenses, management fees, professional fees, general office and other administrative expenses.